## **STATEMENT OF**

| FORM 1   | ORGANIZA<br>(See instruction   |  |                  | Office use only                 |
|--|--|--|------------------|---------------------------------|
| NAME OF COMMITTEE (in                          | (Check if name full) is changed)   | Example: If typying, type over the lines                           | 12FE4M5          | Chiec dde dhy                   |
| Shire Pharma                                   | ceuticals Inc Political Action Cor   | mmittee  |                  |                                 |
| ADDRESS (number and                            | 725 Chesterbrook B   | lvd  |                  |                                 |
| (Check if address is changed)                  | Wayne  |  |                  | 19087   _                       |
|  |  | CITY▲  | STATE▲           | ZIP CODE 📥                      |
| COMMITTEE'S E-MA (Check if address is changed) | IL ADDRESS (Please provide only one e- mhandel@shire.con   |  |                  |                                 |
| COMMITTEE'S WEB                                | PAGE ADDRESS (URL)   |  |                  |                                 |
| (Check if address is changed)                  |  |  |                  |                                 |
| 2. DATE 0.4                                    |  |  |                  |                                 |
| 3. FEC IDENTIFICA                              | TION NUMBER  | C C00421065  |                  |                                 |
| 4. IS THIS STATEM                              | MENT X NEW (N) OR  | AMENDED (A   | <b>.</b> )       |                                 |
| I certify that I have exami                    | ined this Statement and to the best of my known and to the best of my known and the best of my k | -  | ect and complete |                                 |
| Signature of Treasurer                         | Electronically Filed by Matthew I  | Handel   | Date 0 4         | 19 / 2011                       |
| NOTE: Submission of fa                         | lse, erroneous, or incomplete information ma   |  | •                |                                 |
| Office<br>Use<br>Only                          |  | For further informa<br>Federal Election Cor<br>Toll Free 800-424-9 | mmission<br>530  | FEC FORM 1<br>(Revised 02/2009) |